

2018 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

218140570--9/24/2018

218140570



1. CORPORATION NAME:

Consumer Action for a Strong Economy, Inc.

DUE DATE: 09/30/18

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.

CHRISTOPHER T CRAIG
3050 CHAIN BRIDGE ROAD
SUITE 200
FAIRFAX, VA 22030

SCC ID NO.: 0809712-3

5. TOTAL NUMBER OF AUTHORIZED
SHARES:

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

129-FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:

VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input checked="" type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: 2221 S CLARK ST	ADDRESS:
CITY/ST/ZIP ARLINGTON, VA 22202	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: GERARD SCIMECA TITLE: SEC/DIR ADDRESS: 136 CHINOOK ST CITY/ST/ZIP: VIRGINIA BEACH, VA 23462	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

GERARD SCIMECA, VP
PRINTED NAME AND CORPORATE TITLE

9/8/18
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2018 ANNUAL REPORT CONTINUED

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OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: MATTHEW KANDRACH TITLE: PRESIDENT/DIRECTOR ADDRESS: 2339 40TH PL., NW #003 CITY/ST/ZIP: WASHINGTON, DC 20007
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input checked="" type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP:	OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: ALLEN MILLER TITLE: DIRECTOR ADDRESS: 7621 ARLON ST. CITY/ST/ZIP: ANNANDALE, VA 22003
Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
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